



Chemical Feed Safety Review Certification

CITY: _____

PWSID: _____

PWS NAME: _____

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CHEMICAL FEED SAFETY DATA SURVEY

Treatment Plant Name: _____ **Plant ID#:** _____

Chemical Additive: _____ **Concentration:** _____

What are the operating parameters?

☐ Residual

☐ pH

☐ Other _____

Target

Setpoint Low

Setpoint High

Is there continuous monitoring of the target parameter?

Yes ☐ No ☐

At what frequency is the monitor

How often are external grab samples tested as part of calibration? _____

Automatic instrumentation (e.g., SCADA) ☐ Manual operation ☐

If automatic: Is there an alarm to indicate when system is in manual override mode? Yes ☐ No ☐

List any other manual mode safeguards: _____

If manual: How frequently are feed rates checked and adjusted?

Is the chemical feed flow paced?

Yes ☐ No ☐

Is there an interlock such that no flow will - shut down chemical feed pump?

Yes ☐ No ☐

- shut down power to the entire plant?

Yes ☐ No ☐

Interlock is with: Raw Water ☐ Finished Water ☐ Other Pump ☐ List: _____

How often is the interlock routinely tested?

Are alarms provided?

Yes ☐ No ☐

Alarm type(s): Audible ☐ Light ☐ Autodialer (see additional questions) ☐ SCADA ☐

What criteria trigger the alarms?

How are the alarms tested?

What is the maximum volume of chemical stored on site?

Is a day tank utilized?

Yes ☐

Volume?

No ☐

Is there a separate room specifically for chemical feed equipment and storage?

Yes ☐

No ☐

Is containment provided for this chemical?

Yes (individual) ☐

No ☐

Yes (shared with other chemical) ☐ List: _____

ALARM TESTING

	Tested By (Staff Name):	Date Tested:	Operational?
Interlock			
Alarm			
Autodial			
Other (specify)			



Massachusetts Department of Environmental Protection
Bureau of Resource Protection, Drinking Water Program
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AUTODIAL INFORMATION

Please list all personnel who receive calls from the automatic dialing function of the alarm system. If employees rotate times receiving calls, please indicate.

Order Called	Name / Location (i.e. police dispatcher)*	License Grade	Home/Mobile /Beeper?

*If calls are directed to a party not affiliated with the water department (police, fire, etc) then also provide a copy of the contact list supplied to the call recipient specifying who to contact in case of a water supply call.

CERTIFICATION

I certify that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained in the Chemical Feed Safety Data Survey, Alarm Testing, and Autodial Information, forms is true, accurate, and complete to the best of my knowledge and belief.

Name of Certifying Person

Title

Phone Number

Fax Number

Signature of Certifying Person

Date